PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P00000112923 DOCUMENT #

1. Corporation Name

BOOMER WINDOW SYSTEMS, INC.

Principal Place of Business

Mailing Address

17335 GUNLOCK ROAD LUTZ FL-33549

Signature of Registered Ager

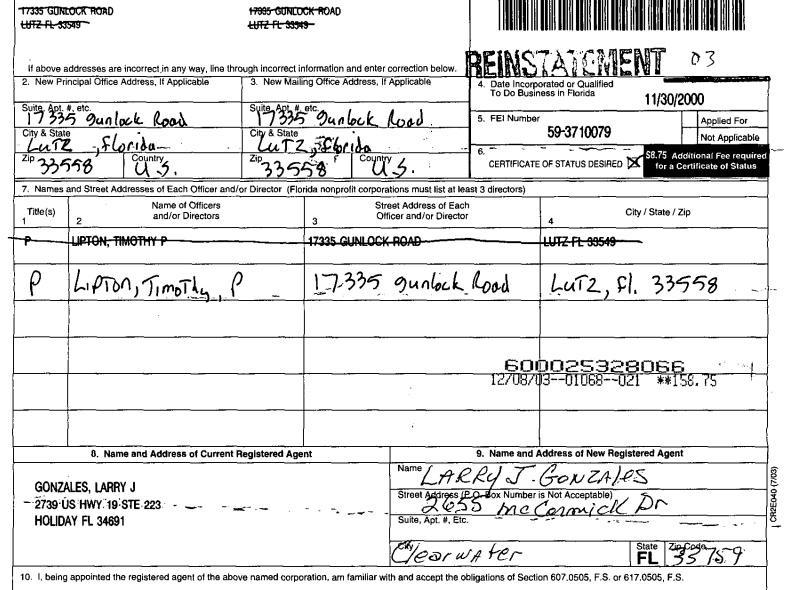
SIGNATURE:

17995 GUNLOCK ROAD LUTZ FL 33549 -

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SECRETARY OF STATE FALLAHASSEE, FLORIDA



11.1 certify that I am an officer or director or the receiver deflustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BOOMER WINDOWS SYSTEMS INC. 17335 Gunlock Rd Lutz Florida,33558-8445 (813)926-3990

To whom It may concern,

I did not recieve my annual uniform business report this year.

I believe it is due to a change in zip code for my area. there were also changes at the local post office (ie...carriers)

I have made appropriate changes on the report I am filling now , I am also enclosing applicable fees.

If you have any questions please call the number above.

Thank you

Timothy P. Lipton President